

Case Number:	CM14-0111226		
Date Assigned:	08/01/2014	Date of Injury:	01/14/2013
Decision Date:	11/18/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/16/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 30-year-old female who was injured on 12/14/2013. The mechanism of injury is unknown. Prior treatment history has included Naproxen sodium, Norco, and topical creams. She was also treated with physical therapy and home exercise program. She received an injection to the right shoulder, which provided her with 50% relief of symptoms. Office note 06/09/2014 states the patient presented with right shoulder pain, stiffness and weakness. She begun formal PT and attended 4 visits to date. She rated her pain as a 5-7/10 at rest and with most activities. On exam, active abduction to 120 degrees with positive impingement; active forward flexion to 140 degrees and internal rotation to 20 degrees. She is diagnosed with right shoulder subacromial impingement with adhesive capsulitis and internal rotation contracture. She is recommended for a MRI of the right shoulder to rule out rotator cuff pathology. Prior utilization review dated 06/16/2014 by [REDACTED] states the request for MRI Right Shoulders denied, as it is not supported. PT was started but not yet complete.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MRI Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Magnetic Resonance Imaging (MRI)

Decision rationale: CA MTUS/ACOEM states, "Primary criteria for ordering imaging studies are: Emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems); Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon); Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment)." According to the Official Disability Guidelines the indications for Magnetic resonance imaging (MRI) of the shoulder are acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiograph, Sub acute shoulder pain, suspect instability/labral tear. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Medical records indicate that the patient has not yet completed conservative treatment, i.e. physical therapy, yet. Since "Failure to progress in a strengthening program intended to avoid surgery" has not been demonstrated according to the guidelines, the medical necessity of this request is not yet established.